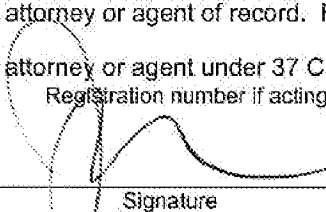


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>	Docket Number (Optional) 020460-000750US																								
Application Number 10/695,255	Filed October 27, 2003																								
For RADIALLY EXPANSIBLE VESSEL SCAFFOLD AND ASSEMBLY FOR ITS DELIVERY, AS AMENDED																									
Art Unit 3738	Examiner STEWART, ALVIN J.																								
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.																									
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):																									
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%; text-align: center;"><u>Fee</u></th> <th style="width: 15%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> <td style="text-align: center;">\$ 120</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$450</td> <td style="text-align: center;">\$225</td> <td style="text-align: center;">\$</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1020</td> <td style="text-align: center;">\$510</td> <td style="text-align: center;">\$</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1590</td> <td style="text-align: center;">\$795</td> <td style="text-align: center;">\$</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2160</td> <td style="text-align: center;">\$1080</td> <td style="text-align: center;">\$</td> </tr> </tbody> </table>		<u>Fee</u>	<u>Small Entity Fee</u>		<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 120	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$	
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.																									
<input type="checkbox"/> A check in the amount of the fee is enclosed.																									
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																									
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.																									
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u> . I have enclosed a duplicate copy of this sheet.																									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.																									
I am the <div style="display: inline-block; vertical-align: top; margin-left: 10px;"> <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <div style="margin-left: 20px;">Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</div> <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>29,541</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. <div style="margin-left: 20px;">Registration number if acting under 37 CFR 1.34 _____</div> </div>																									
 _____ Signature	_____ March 5, 2007 Date																								
_____ James M. Heslin, Reg. No. 29,541 Typed or printed name	_____ 650.326.2400 Telephone Number																								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.																									
<input type="checkbox"/> Total of _____ forms are submitted.																									